

AAVTF Agenda

October 22, 2019

Birmingham, AL

Moderator:

Cindy Lesinger, Immunization Division Director, ADPH

- Introductions
 - Angela Davis, American Cancer Society
- Cancer Update
 - Jennifer Young-Pierce, MD, MPH, USA Mitchell Cancer Institute
- National Update
 - Dr. Melinda Wharton, MD, MPH, Centers for Disease Control
- Alabama Highlights
 - Casey Daniel, PhD, MPH, USA Mitchell Cancer Institute
- Work Group Presentations and Networking
 - Work Group Leaders
- Working Lunch with Speaker
 - Roy Nagle, HPV Cancer Survivor
- Work Group Meetings (concurrent)
 - Policy
 - Provider
 - Parental
 - Data
- Debriefing
 - Work Group Leaders or Designee
- Next Steps
 - Cindy Lesinger, Immunization Division Director, ADPH
- Leadership Meeting
 - Work Group Leaders
- Adjourn

Alabama Adolescent Vaccination Task Force (AAVTF)

American Cancer Society

1104 Ireland Way

Birmingham, Al

June 11, 2019

Meeting Participants*

Present:

Cindy Lesinger, Alabama Department of Public Health, Immunization Division

Angela Davis, American Cancer Society

Krista Bailey, BCBS

Leanne Bailey, Merck Vaccine Policy

Richard Beverly, BCBS

Lilanta Bradley, UA

Leslie Clark, Alabama Department of Public Health, Immunization Division

Dr. Tamera Coyne-Beasley, UAB Pediatrics

Dr. Casey Daniel, USA Mitchell Cancer Institute

Bryanna Diaz, USA Mitchell Cancer Institute

Carol Garrett, Alabama Department of Public Health, Cancer Division

Chelsea Green, USA Mitchell Cancer Institute

Katie Hanks, BCBS

Jenna James, USA Mitchell Cancer Institute

Dr. Tommy Johnson, Alabama Department of Public Health, Oral Health

Mary Ann King, Laura Crandall Brown Foundation

Dr. Andrzej Kulczycki, UAB

Dr. Karen Landers, Alabama Department of Public Health, District Medical Officer

Linda Lee, Alabama Chapter-American Academy of Pediatrics

Dr. Stuart Lockwood, Alabama Dental Association

Dr. Mary McIntyre, Alabama Department of Public Health, Chief Medical Officer

Jennifer Morris, Alabama Department of Public Health, Oral Health

Nakema Moss, Alabama Department of Public Health, Immunization Division

Dr. Rendi Murphree, Mobile County Health Department

Roy Nagel, HPV Cancer Survivor

Sandy Powell, Alabama Department of Public Health, Family Health Services

Marlene Sanders, Merck

Barbara Schuler, VAX 2 STOP CANCER

Kathy Shuleva, BCBS

Allison Sounders, APCI

Denise Strickland, Alabama Department of Public Health, Immunization Division

Dr. Burnestine Taylor, Alabama Department of Public Health, Medical Officer

Chevonne Tyner, Alabama Department of Public Health, Immunization Division

Jennifer Ventress, Alabama Department of Education

Kassi Webster, BCBS
Dr. Jennifer Young-Pierce, USA Mitchell Cancer Institute
Jeff Arrington, AAFP
Dr. Melinda Wharton, Centers for Disease Control
Dr. Janeen Arbuckle, UAB Medicine
Brenda Snook, Children's of Alabama/Vestavia Pediatrics
Kellie Littlejohn, Alabama Medicaid Agency
Louise Jones, Alabama Pharmacy Association
Ali Broxton, Merck
Tara Bryant, VIVA
Amanda Klasing, Human Rights Watch
Nancy Wright, Alabama Department of Public Health, Cancer Division
Clemice Hurst, Alabama Medicaid Agency

**Note: If you attended the meeting and your name/organization isn't listed above, please submit an email to nakema.moss@adph.state.al.us confirming your attendance.*

Meeting Minutes

Introductions:

- The meeting was called to order at 10:00 am by Angela Davis, American Cancer Society. Angela provided a quick bio referencing her role as a Health Systems Manager with 22 years of service for ACS.
- Angela provided a brief overview of the AAVTF including the following:
 - The Task Force has been meeting for 12 months
 - Described the state of HPV in Alabama
 - Recommended that the Task Force work together as partners to strategize to move us to the next level in tackling HPV
- Angela introduced Cindy Lesinger, Immunization Division Director, ADPH, as the moderator
- Angela introduced Dr. Jennifer Young-Pierce, USA Mitchell Cancer Institute, as the first speaker.
 - Dr. Young-Pierce was described as listed:
 - New to Alabama
 - Practices as a Gynecology Oncologist with the USA Mitchell Cancer Institute
 - Honored as a nationally recognized leader
 - Exhibits great passion for provider education

Cancer Update:

- Dr. Jennifer Young-Pierce, Gynecologic Oncologist, Leader of Cancer Control and Prevention, and Professor of Interdisciplinary Clinical Oncology at the University of South Alabama Mitchell Young Cancer Institute, provided the HPV Cancer Update.
- Dr. Young-Pierce stated the following:
 - Presentation Talking Points:
 - 1. HPV Cancer
 - 2. HPV Vaccination
 - 3. AAVTF Projects
 - 4. How You Can Help
 - Disclosures: No disclosures; no payment for presentation.
 - Discussion:
 - Most men and women will be affected with HPV.
 - 25% (men) are high risk HPV positive; 20% women are high risk HPV positive.
 - 7 million people got the flu last season; 14 million new HPV infections in the U.S. annually.
 - Estimated 79 million Americans currently infected.
 - 1 in 5 women currently infected with cancer-causing HPV.
 - 1 in 4 men currently infected with cancer-causing HPV.
 - HPV causes 6 cancers: vagina (600 females), penis (800 males), vulva (2,700 females), anus (1,900 females and 4,000 males), cervix (10,800 females), and oropharynx (10,700 males and 2,200 females)
 - How Alabama is Doing with HPV Cancers: #1 in Cervical Cancer Deaths, #3 in Cervical Cancer Incidence, #5 in Oropharyngeal Cancer Incidence, and #7 in Oropharyngeal Cancer Deaths
 - Cancer Diagnosis and Treatment:
 - Oropharyngeal cancers
 - Survival is high
 - Rates increased 200% in the last few years
 - Most diagnosed in Stage 2 or greater
 - Treated with life altering surgery or chemo/radiation or both
- Cervical cancer
 - High mortality rate in African American women (related to the immune's system ability to fight infection)
 - 30% of women die from this disease
 - ½ occur in women less than 50 years of age
 - ¼ occur in women aged 25-39 years

- 1 in 7 treated for precancer (1.4 million new cases of low grade cervical dysplasia and 330,000 new cases of high grade cervical dysplasia)
- Treated with radical surgery or chemo/radiation
- Vaccines Work:
 - Then (U.S. disease cases in the 1900s)
 - 175,000 deaths from cervical cancer prior to PAP tests
 - 350,000 cases per year of cervical cancer and preinvasive disease prior to PAP smears
 - Now (U.S. disease cases in 2010)
 - 350,000 cases per year of cervical cancer and preinvasive disease since the PAP smears
 - We don't prevent, we just find it earlier
 - PAP doesn't prevent disease and only allows an early detection to prevent invasive cancer
 - Best Prevention: PAP smear and vaccination
 - 90% vaccination goal: children who are not vaccinated by 13 years are likely to get HPV
 - 26 million: Number of girls under 13 years of age in the U.S
 - 168,400: Number of girls who will develop cervical cancer if none are vaccinated
 - 54,100: number of girls who will die from cervical cancer without vaccination
- Economic Impact of HPV
 - Cervical cancer screening-\$6.6 billion
 - Cervical cancer-\$0.4 billion
 - Other anogenital cancers-\$0.2 billion
 - Oropharyngeal cancer-\$0.3 billion
 - Anogenital warts-\$0.3 billion
 - Recurrent respiratory papillomatosis-\$0.2 billion
- HPV Vaccination Impact
 - 62% sharp decline in cervical pre-cancers in screened young women
- Hundreds of millions of vaccine doses have been given globally (3% serious reports documented)
- HPV—51% completion coverage for both boys and girls
 - At least one does, both boys and girls ---68%
 - Alabama---40-49%
- It matters how providers talk about HPV vaccination.
 - No need to get into a drawn-out conversation

- “Now that Sophia is 11, she is due for vaccinations today to help protect her from meningitis, HPV cancers, and pertussis.”
- 78% of parents said their provider recommended the vaccine.
- 75% of those vaccinated; 25% did not
- 22% of parents said their provider did not recommend the vaccine
- Systems and workflow that support vaccine delivery in the clinic matter.
- Providers need to be prepared to answer parents’ questions.
 - 22-30% of parents reported safety concerns as reason for not vaccinating
 - 11-16% of parents reported but sexually active/not needed as reason for not vaccinating.
- Rural areas need special attention.
 - Coverage is lower in rural areas compared to suburban or metropolitan areas—up to 10% gap. Could be related to lack of pediatric physicians in rural areas.

National Update:

- Dr. Melinda Wharton, Director, Immunization Services Division of the National Center for Immunization and Respiratory Disease, Centers for Disease Control and Prevention, provided the national update.
- Dr. Wharton gave praise to the Alabama group who have been working 5 years in increasing HPV uptake and promoting prevention of HPV-related cancers.
- Dr. Wharton stated the following:
 - Improving HPV Vaccination Coverage in the United States
 - HPV became a licensed product in the U.S. in 2016
 - Briefly compared the 9 valent and 4 valent safety profile
 - From December 2014 through December 2017, enhanced safety monitoring in VAERS found no unexpected or new HPV safety concerns.
 - Approximately 29 million doses distributed in the U.S. between 2017-2017.
 - 7,244 total reports received in VAERS
 - 186 (3%) serious reports
 - Dizziness, syncope (stay seated for 15 minutes after receiving injection), and headache were most frequently reported
 - Safety profile consistent with data from 9 valent HPV pre-licensure clinical trials and similar to post-licensure safety data from 4 valent HPV monitoring in VAERS

- Between October 4, 2015 and October 3, 2017, the Vaccine Safety Datalink conducted weekly sequential monitoring among persons aged 9-26 who received 9 valent HPV.
 - Approximately 900,000 doses administered
 - No concerning safety signals detected among pre-specified outcome monitored including GBS, appendicitis, injection site reaction, anaphylaxis, stroke, syncope, venous thromboembolism, seizures, pancreatitis, or allergic reaction
- “Stop the infection, stop the disease” is today’s messaging focal point
- Estimated Number of Cancer Cases Attributable to HPV by Sex, Cancer Type, and HPV Type, U. S. 2012-2016
 - Between 2013-2016, HPV prevalence rates decreased (evidence of HERD immunity)
 - Number of cancers in females caused by HPV types 16 and 18:
 - Cervix-8,000
 - Anus-3,600
 - Vulva-1,900
 - Oropharynx-1,800
 - Vagina-500
 - Males:
 - Oropharynx-9,900
 - Anus-1,800
 - Penis-600
 - Number of cancers in females caused by HPV types 31/33/45/52/58:
 - Cervix-1,800
 - Anus-500
 - Vulva-600
 - Oropharynx-300
 - Vagina-200
 - Males:
 - Oropharynx-700
 - Anus-100
 - Penis-100
 - Number of cancers in females caused by other HPV types:
 - Cervix-1,100
 - Anus-100
 - Vulva-300
 - Oropharynx-100
 - Males:
 - Oropharynx-700
 - Anus-100

- Penis-100
- HPV vaccine is safe and effective.
- Prevalence of Vaccine-type HPV (HPV 6,11, 16, 18) in Females 2013-2016 Compared to Pre-vaccine Era
 - 14-19 Years
 - 2003-2006: 11.5%
 - 2013-2016: 1.8%
 - 20-24 Years
 - 2003-2006: 18.5%
 - 2013-2016: 5.3%
 - 25-29 Years
 - 2003-2006: 11.8%
 - 2013-2016: 8.0%
 - 30-34 Years
 - 2003-2006: 9.5%
 - 2013-2016: 6.5%
- Although HPV vaccine coverage among adolescents has increased, it's still not where we need it to be.
- Estimated Vaccination Coverage among Adolescents Aged 13-17 Years, National Immunization Survey-Teen, United States, 2006-2018
 - Tdap:
 - 80%-->90% coverage rate now;
 - School required
 - MCV:
 - 80% coverage rate (above for a couple of years now)
 - Introduced along with Tdap
 - HPV:
 - 68% coverage rate for at least one dose in girls and boys
 - 51% UTD coverage rate in girls and boys
 - Coverage rate in girls is plateauing (far too low)
 - 51% is the National Coverage HPV UTD vaccination data rate among adolescents (Range is 32.6% in Mississippi to 78.1% in Rhode Island)
 - The provider recommendation for HPV vaccination really matters and is key.
 - Best Practices:
 - Talk about HPV along with Tdap and MCV.
 - Stop talking and don't bring up questions or stuff they haven't discussed.
 - Don't separate HPV as part of the scheduled vaccinations/recommendations.
 - 28% difference with or without a provider recommendation.

- HPV Vaccination Initiation Coverage by Provider Recommendation, National Immunization Survey-Teen, 2018):
 - Yes-78%
 - Vaccinated-78%
 - Not Vaccinated-25%
 - No-22%
 - Vaccinated-47%
 - Not Vaccinated-53%
- Percentage of Parents who Reported Receiving a Provider Recommendation for HPV Vaccine, NIS-Teen 2018
 - Range: 59.5% Mississippi to 90.7% Massachusetts
 - 1 out of 4 parents who got a recommendation chose not to vaccinate due to safety concerns and side effects.
- The systems and workflow that support vaccine delivery in the clinic matter.
- CDC resources are available to discuss HPV recommendations with parents including Talking to Parents about HPV Vaccine.
- Questions:
 - Are your providers who make the recommendations strictly Peds and Family practitioners?
 - Anyone delivering immunizations can make vaccine recommendations.
 - What are the real safety concerns regarding vaccinations?
 - Parents' remarks:
 - Safety
 - Don't think it will work
 - What can healthcare providers do?
 - Make an effective recommendation for HPV vaccination as cancer prevention for every 11 or 12-year-old patient.
 - Assess HPV vaccine coverage for each provider in your practice and develop an office-wide strategy to improve it.
 - Engage the entire practice—not just the healthcare providers—in committing to improve HPV vaccine coverage.
 - Implement systems' strategies to improve HPV vaccine coverage.
 - Providers need to be prepared to answer parents' questions.
 - Helpful links: <https://www.cdc.gov/hpv/hcp/answering-questions.html>
 - Frequently asked questions about HPV vaccine safety: <https://www.cdc.gov/vaccinesafety/vaccines/hpv/hpv-safety-faqs.html>
- System Strategies to Improve HPV Vaccine Coverage
 - Establish standing orders for HPV vaccination beginning at age 11-12 years in your practice.

- Conduct reminder/recall beginning at 11-12 years of age.
- Assess HPV vaccine coverage at every visit and prompt clinical staff to give HPV vaccine at that visit.
- Schedule return visit for next dose before the patient leaves the office.
- Document each dose in the child's medical record and the state's immunization information system.
- Reasons for Not Vaccinating Adolescents with HPV Vaccine, Unvaccinated Adolescents Aged 13-17 Years, NIS-Teen, U. S., 2018
 - Parents of Girls
 - Safety concerns/side effects: 30%
 - Not needed/not necessary: 16%
 - Not sexually active: 12%
 - Not recommended: 7%
 - Lack of knowledge: 4%
 - Parents of Boys
 - Safety concerns/side effects: 22%
 - Not needed/not necessary: 16%
 - Not sexually active: 11%
 - Not recommended: 8%
 - Lack of knowledge: 7%
- What does this mean for our work today?
 - CDC has been encouraging development of state-level coalitions to support HPV vaccination, but meetings don't get anyone vaccinated—the key is effective action.
 - Effective provider recommendation
 - Implementing clinic and health system-level strategies to improve immunization coverage
 - Equipping providers to address parents' questions and concerns
 - Addressing disparities in rural areas—which means access, in addition to all of the above
 - Rural Areas Need Special Attention
 - Challenges of not having pediatricians
 - More dependent on NPs or General Practitioners
 - Families in rural areas need access to immunization services
 - The question for today: What can you and your organization do that will make a difference?

Alabama Highlights:

- Dr. Casey Daniel, Assistant Professor of Oncologic Sciences and Researcher at the University of South Alabama Mitchell Cancer Institute, provided the Alabama highlights.

- Dr. Daniel currently serves on the Executive Committee for AAVTF as well as the Data Work Group Leader.
- Dr. Daniel stated the following:
 - Presented the Alabama Vaccination Rates, Ages 13-17, 2016-2018 data:
 - 2016:
 - \geq Tdap-91.7%
 - \geq MCV-72.4
 - \geq HPV-35.4
 - 2017:
 - \geq Tdap-88.7%
 - \geq MCV-78.3
 - \geq HPV-40.3
 - 2018:
 - \geq Tdap-89.4%
 - \geq MCV-80.0%
 - \geq HPV-50.2%
 - True rates are between ImmPRINT rates and NIS rates.
 - Dr. Daniel referenced the MMWR Walker paper as an additional resource.
 - Alabama Vaccination Rates, Ages 11-15 (2019)
 - Males:
 - Tdap-67%
 - MCV-55%
 - HPV Uptake-41%
 - HPV Completion-19%
 - Females:
 - Tdap-67%
 - MCV-55%
 - HPV Uptake-43%
 - HPV Completion-21%
 - Combined:
 - Tdap-67%
 - MCV-55%
 - HPV Uptake-42%
 - HPV Completion-20%
 - ImmPRINT interface errors affect rates.
 - HPV Vaccination Initiatives in Alabama
 - GO Teal and White 2018
 - Posters distributed in 86 businesses in Mobile and Baldwin Counties as messaging to raise awareness about cervical cancer prevention and education.
 - Cervical Cancer Awareness Campaign begin by Dr. Jennifer Young-Pierce in 2018.

- Mobile and Montgomery were lit up in Teal.
 - Reach was >75,000 with a cost of \$300.
- Go Teal and White 2019
 - Statewide campaign covering Mobile, Baldwin, Montgomery, Birmingham, and Huntsville
 - Posters were distributed in 300+ businesses and health-related sites.
 - Media reach exceeded 450,000.
 - More than 600,000 Alabamians reached for a cost of \$500.
- Oral Cancer Awareness Proclamation
 - Gov. Kay Ivey designated April as the Oral Cancer Awareness Month in Alabama along with a written proclamation.
 - Dr. Daniel, Dr. Young-Pierce, Dr. Johnson, Pat Sullivan, Dr. Thomas, Dr. Harris, and many notable professionals were present to celebrate the proclamation with Gov. Ivey.
 - Highlights discussed during the Oral Cancer Awareness Proclamation included increasing oropharyngeal rates, deaths, and tobacco use.
- Alabama OCAM 2019
 - OCAM=Oral Cancer Awareness Month
 - Chelsea Green was instrumental in this effort of ensuring print materials and bracelets were available as prevention resource tools.
 - 19 organizations participated.
 - Distributed packets and posters to dental offices and businesses.
 - Spoke to dental professional groups.
 - Marketed a social media strategy and campaign- #WatchYourMouth
 - April 11th was designated as Wear Burgundy for OCAM
 - Evaluation of OCAM 2019 is continuous
 - Planning of OCAM 2020 is underway
- VFC Pharmacy Project
 - Dr. Daniel initiated this project 18 months ago.
 - Almost 1/3 of Alabama counties do not have a pediatrician.
 - Alabama has shortage of VFC providers in key areas.
 - Need to increase access and convenience of vaccination.
 - One option: community pharmacies
 - 95% of Americans live within 5 miles of a community pharmacy.
 - Longer hours, no co-pay, and trust in pharmacists
 - Enrolled City Drugs of Grove Hill as VFC Provider
 - Located in Clarke County, Alabama
 - Hosted a Back to School Block Party on August 3, 2019
 - Stacy Tuberville is the pharmacist

- Vaccination Stats:
 - Private Insurance:
 - HPV-16.7% (7)
 - MCV-29.3 % (12)
 - Tdap-26.5% (9)
 - VFC:
 - HPV-83.3% (35)
 - MCV-70.7 % (29)
 - Tdap-73.5% (25)
 - Total:
 - HPV-42
 - MCV-41
 - Tdap-34
- Next angle: flu vaccine season
 - Developed print materials for education and promotion
 - Developed social media campaign
 - Dr. Daniel provided examples of the print material which emphasizes education and where to get the vaccine.
- School-Based Vaccination Clinics (SBVC)
 - Dr. Scarinci & Dr. Daniel received a grant to implement this initiative.
 - Collaborative grant effort between USA and UAB.
 - Working with HNH Immunizations/Health Heroes America to carry out the mission.
 - Aim: Develop and test feasibility of theory-based, participatory, multi-level intervention promoting HPV vaccination using SBVC.
 - Intervention county: Escambia County, Alabama
 - Comparison counties: Coffee County and Lamar County.
 - Have conducted key stakeholder interviews in Escambia County:
 - Policy, Education, Healthcare, Faith-based leaders, Parents
 - Developed and conducting quantitative surveys among parents
 - Will design intervention based on findings
 - Planned for rollout in Spring 2020
 - Will present results at future meeting(s)
- Emerging Initiatives to Increase HPV Vaccination
 - AL-AAP/AAFP Work to Expand VFC Medical Homes
 - Dr. Daniel along with Linda Lee provided updates.
 - Fort Payne Pediatrics is working with a family NP based in Cherokee County to become a Medicaid/VFC provider. She is willing to see adolescents and do this.
 - Purohit Pediatric Clinic is considering sending an extender or pediatrician to Cleburne County.

- AAFP (Jeff Arrington) is in conversation with a family physician in Helfin to encourage him to become a VFC provider or discuss with Dr. Purohit the addition of a pediatric provider in that county.
- AL-AAP is in the process of reaching out to Dr. Meagan Carpenter, a new/young pediatrician in Washington County, about the possibility of extending her practice/providing vaccines in Choctaw or Clarke Counties.
- 60% of kids in Choctaw go across the state line to Mississippi to get vaccinated.
- AL-AAP is working on “Why Take Medicaid?” and “Why Be a VFC Provider?” primer for pediatricians to break down barriers.
- AL-AAP board member exploring partnership with Ronald McDonald House to use care vans to go into hard to reach communities.
- AAP-ADPH Peer to Peer Project
 - Cindy Lesinger stated that IMM is contracting with AAP to do a 12-month Peer to Peer Project which includes a selection of 8-10 Peer to Peer Mentors trained by Dr. Young-Pierce. The Peer to Peer mentors will accompany IMM staff on IQIP (Immunization Quality Improvement for Providers) visits across the state to help identify more effective workflow strategies in increasing adolescent vaccination rates.
 - Linda Lee stated that Barbara Schule is the Project Coordinator. The Peer to Peer Project will target the lowest rates of full completion of Peds, not Family Practitioners. The Peer Mentor will go and talk about HPV Quality Improvement.
- Statewide VFC Pharmacy Pilot
 - Purpose: Increase VFC providers in needed areas in Alabama to increase vaccination opportunities for those in need.
 - Methods:
 - Will enroll 3 pharmacies in Alabama as VFC providers
 - Assist with ImmPRINT training
 - Assist with communication and promotion
 - County selection:
 - ≤2 VFC providers in the entire county
 - 60%+ of children Medicaid-eligible
 - No pediatrician
 - Ratio of VFC providers: Medicaid-eligible children
 - Not involved in another HPV vaccination project
 - Counties selected:
 - Henry
 - Lamar

- Wilcox
- Currently:
 - Formalizing methods and timeline
 - Recruiting a pharmacy in each county
 - Finalizing Alabama Medicaid administrative reimbursement

Work Group Presentations and Networking/Work Group Meetings:

- **Policy Workgroup:**
 - Leader: Cindy Lesinger
 - Co-Leader: Angela Davis
 - Objective 1: Legislation & Rules
 - Activity 1-Registry
 - Activity 2-No religious
 - Activity 3-ACIP Rules
 - Activity 4-Leg—VS Health Committee (Ed Day-Co Member; CH & BC/BS)
 - Activity 5-Volunteer Network
 - Objective 2: AL grown collaborative material (CHIAAP, AAFP, USA, & UAB)
 - Activity 1: i.e.-CHOP Booklet
 - Activity 2: Healthcare Letter
 - Activity 3: Athletic face-Pat Sullivan, In-state Education issue day talent
 - Objective 3: Saving money for state
 - Activity 1: JYP-slide \$8 billion
 - Activity 2: Cost of vaccine-→ benefit ratio
 - Activity 3: Medicaid savings
 - Activity 4: Absenteeism school savings
 - Additional Notes: Excess cancer & HPV vaccine, Tx public payors, OpEd-take turns, Normalize
 - Policy Workgroup Attendees/Members:
 - Jenna James
 - Tamara Coyne-Beasley
 - Leanne Bailey
 - Jeff Arrington
 - Linda Lee
 - Rendi Murphree
- **Provider Education Workgroup:**
 - Leader: Dr. Jennifer Young-Pierce
 - Co-Leader: Dr. Lilanta Bradley
 - Objective 1: Educate/Engage Family Medicine Providers
 - Activity 1: Get consistent representation to AAVTF for AAFP
 - Activity 2: HPV vax talk at next state AAFP meeting
 - Activity 3: Peer to Peer

- Objective 2: Educating Sports Medicine/Student Health Providers
 - Activity 1: UA/UAB Student Health presentations
 - Activity 2: Work with UA Sports Medicine Clinic
 - Activity 3: Sabin to say HPV vax on tv
- Objective 3: Ongoing Project/Exploratory Aims
 - Activity 1: Successful Peer to Peer with AAP
 - Activity 2: Successful VFC/Pharmacy
 - Activity 3: Explore Mobile Unit
- Provider Education Workgroup Attendees/Members:
 - Allison Souders
 - Denise Strickland
 - Carol Garrett
 - Katie Hanks
 - Barbara Schuler
 - Dr. Tommy Johnson
 - Dr. Tamera Coyne-Beasley
 - Jeffrey Arrington
- **Parent Education Workgroup:**
 - Leader: Mary Anne King
 - Co-Leader: Liberty Duke (couldn't be here)
 - Objective 1: Student Engagement Project (January-May)
 - Activity 1: Sandy to connect with Sue Jones (Middle School DOE health)
 - Activity 2: MAK reach out to Cindy on materials
 - Activity 3: Draft contest rules-smile project contest examples
 - Objective 2: Health Courses Study
 - Activity 1: Develop a lesson plan for health educators (Sandy)
 - Activity 2: MAK-determine what is currently being done
 - Activity 3: Blank
 - Objective 3: Promo Materials-social media radio PSAs
 - Activity 1: Identify
 - Activity 2: Blank
 - Activity 3: Blank
 - Additional Notes:
 - Dr. in each tv market to do tv & print op-ed
 - Does Cindy have money for digital ads?
 - Ask Casey about Health Heroes grant (need our help)
 - State PTA
 - Stack of papers at the beginning of school year
 - Connect with Jennifer Ventress
 - Bundling schools and flyers for Tdap
 - Parent Education Workgroup Attendees/Members:
 - Mary Anne King
 - Chevonne Tyner

- Kathy Shuleva
 - Burnestine Taylor
 - Sandy Powell
 - Jennifer Morris
 - Leslie M. Clark
- **Data Workgroup:**
 - Leader: Casey Daniel
 - Co-Leader: Krista Bailey
 - Objective 1: Determining Data We Have & We Need (and have access to)
 - Activity 1: Vaccination rates by site by county
 - Activity 2: Vaccination rates by insurance type
 - Activity 3: Prevalence and Engagement FQHCs
 - Objective 2: Exploring BCBS data
 - Activity 1: Looking for additional demographic info.
 - Activity 2: Looking for age of completion HPV vax.
 - Activity 3: Blank
 - Objective 3: Challenge other workgroups for data needs to support their initiatives
 - Activity 1: Emphasize to work group leaders
 - Activity 2: Blank
 - Activity 3: Blank
 - Additional Notes: What are ImmPRINT's capabilities? How many have EMR interface?
 - Data Workgroup Attendees/Members:
 - Casey Daniel
 - Stuart Lockwood
 - Nakema Moss
 - Kassi Webster
 - Dr. Andrzej Kulczycki
 - Chelsea Green
 - Bryanna Diaz
 - Krista Bailey
 - Dr. Tamera Coyne-Beasley

Working Lunch with Speaker:

- Guess speaker Roy Nagle shared his experience as an HPV cancer survivor.
- Symptom Onset/Prognosis:
 - February 2016
 - One-sided throat soreness
 - Ear aches which progressively worsened
 - First misdiagnosed as sinus issues
 - Recurring symptoms a month and a half after original misdiagnosis
 - Sudden headaches followed by crawling scalp sensations
 - Prescribed antihistamines
 - Physician detected a lump (diagnosed as an enlarged lymph node)

- ENT CT scan and needle biopsy ordered which confirmed malignancy in the lump
- Referred to UAB to see Dr. Carroll; saw Dr. Greene in Montgomery for continued care
- No history as a tobacco or alcohol user
- Mr. Nagle believed his diagnosis was related to his work on the railroad.
- Diagnosed with Stage 4 cancer resulting from HPV
- 80% prognosis
- Previously married
- Treated in Birmingham
- Stayed at the American Cancer Society Hope Lodge
- Received 30 chemo and radiation treatments (lumps disappeared after 2 ½ weeks of treatments)
- 3 years since he's completed treatments

Debriefing/Next Steps:

- Each Workgroup Leader discussed the Objectives and Activities relative to their groups (see the above Work Group Presentations section for the discussion)
- Dr. Melinda Wharton has recommended an education campaign per each work group to help foster the AAVTF's mission.

Leadership Meeting:

- Each Workgroup Leader met to discuss goals, progressions, challenges, and needs assessment.

Adjourn:

The meeting was adjourned by Cindy Lesinger at 4:00pm.